

SAFETY INVESTIGATION REPORTS (SIREP)

PART A AND PART B

OBJECTIVE

- REVIEW FIGURE 5-2 (SIREP)
- DISCUSS INFORMATION COLLECTED IN SIREP
- HELP WITH COMPLETION OF SIREP DURING INVESTIGATIONS
- CONSISTENT INFORMATION FROM NAVY AND USMC
- OBTAIN NECESSARY INFORMATION TO INPUT WESS REPORT

SIREP DEADLINES

- a. SIREPs prepared by a SIB, are to be submitted to the chain of command and COMNAVSAFECEN within 30 days of the mishap date using Figure 5-2. (
- SRMBR SHALL 13. Direct the preparation and release of the SIREP within 30 calendar days of convening the board. (PARA 6005)

RESPONSIBILITIES

- COMNAVSAFECEN shall appoint a trained safety investigation advisor for all Class A mishaps,
- All Class B and C explosive mishaps,
- All ordnance impacting off range and all live fire mishaps resulting in an injury and may provide an advisor for other mishaps when it would be beneficial to the investigation.

FIGURE 5-2

- **POC/NAME/RANK,RATE,GRADE/UIC/PRIMARY PHONE/SECONDARY PHONE/DSN PREFIX/EMAIL//**
- **RMKS/PART A NON-PRIVILEGED GENERAL INFORMATION**
- **A. GENERAL INFORMATION:**
- **1. REPORTING ACTIVITY UIC/RUC/MCC: (UIC OF THE ACTIVITY THAT HAD THE MISHAP)**
- **2. SERIAL NUMBER ASSIGNED BY THE REPORTING COMMAND:** (The report serial number is locally assigned for explosive mishaps or ordnance deficiencies and is comprised of the UIC or MCC/RUC-YEAR-sequential number. For aviation, the report serial number is obtained from the activities quality assurance workshop. The report serial number is locally assigned for personnel injury and all other mishaps.) (The number the Unit or ECH2/MARFOR assigned to the mishap – This is the number that will show up on the Unit's OSHA/Military Log)

FIGURE 5-2

- **3. LOCAL TIME OF MISHAP:** *(Example: 1630)*
- **4. DAY AND DATE OF MISHAP:** *(Example: Tuesday, 24 March 2003)*
- **5. TYPE OR CATEGORY OF MISHAP EVENT:** (Example: fire, flooding, collision, exposure to chemicals, heat stress, cold injury, electrical shock, etc.)
- **6. LOCATION OF MISHAP EVENT:** (City and State, Bldg No, Range, School, Highway, waterway, etc.)

FIGURE 5-2 (PART A)

- **7. MISHAP NARRATIVE/LESSONS LEARNED/RECOMMENDATIONS:** *(Complete explanation of the mishap answering who, what, when and where questions. Do not include personal identifiers or Privacy Act protected information. If applicable, provide lessons learned and any recommendations for prevention).*
- **8. JAG INVESTIGATION STATUS:** *REQUESTED, PENDING OR COMPLETE?*
- **9. ENGINEERING INVESTIGATION STATUS:** *REQUESTED, PENDING, COMPLETE OR N/A? (Summarize EI findings)*
- **10. CLASSIFIED SUPPLEMENT SUBMITTED:** *YES/NO/NA*

FIGURE 5-2 (PART A)

- **11. MISHAP EVENT CAUSE CODE APPLICABLE TO THE OVERALL MISHAP:** *(See Glossary G-7, choose one that applies to the mishap overall. Other cause codes will be requested for each item of damaged equipment and each person involved, as applicable.)* **Include the Cause Code and Title – (WESS lists the cause codes by title)**
- **12. TRAINING COURSE IDENTIFICATION NUMBER/COURSE IDENTIFICATION:** *(CIN/CID)* *(if the mishap occurred during formal training)* **INCLUDE THE SCHOOL OR NAME OF TRAINING EXERCISE IF THE COURSE DOES NOT HAVE A CIN/CID. EX. MCMAP**

FIGURE 5-2 (PART A)

- **13. TYPE OF VESSEL/HULL NUMBER:** *(surface ship, sub, small craft, sailboat, canoe, rowboat, etc.) (AFLOAT SPECIFIC – MARK N/A)*
- **14. VESSEL UIC:** *(AFLOAT SPECIFIC – MARK N/A)*
- **15. SHIP/SUB/CRAFT STATUS:** *(underway, moored, anchored, submerged, or dry docked) (AFLOAT SPECIFIC – MARK N/A)*
- **16. ON OR OFF GOVERNMENT VESSEL, BASE OR DOD INSTALLATION:** *(YES OR NO)*

FIGURE 5-2 (PART A)

- **17. UIC/RUC/MCC WHERE MISHAP OCCURRED, IF ON GOV'T PROPERTY:** (INCLUDE THE NAME OF THE BASE, VESSEL, OR GOV PROPERTY AND UIC (NAVY), MCC AND RUC (MARINE CORPS))
- **18. SHIP/SUB OR CRAFT:** *(N/A all if occurred ashore)*
- **(A) TYPE OF MISHAP:** *(collision, aground, fire, etc.) (AFLOAT SPECIFIC)*
- **(B) PORT:** *(AFLOAT SPECIFIC)*

FIGURE 5-2 (PART A)

- **(C) AREA NAME/BODY OF WATER:**
(Example: JAX OPS, Cherry Point OPS, North Atlantic, Panama, New York City, etc. If operating area is classified, indicate an unclassified general area description.)
(AFLOAT SPECIFIC)
- **(D) LATITUDE:** **(AFLOAT SPECIFIC)**
- **(E) LONGITUDE:** **(AFLOAT SPECIFIC)**
- **(F) RESTRICTED WATERS:** *(Yes/No).*
(AFLOAT SPECIFIC)

FIGURE 5-2 (PART A)

- **19. UNIT EMPLOYMENT:** *(Complete all that apply)*
- **(A) PROVIDE EXERCISE OR OPERATION NAME, IF APPLICABLE:** *(Do not disclose classified data.)*
- **(B) DATE LEFT HOME PORT AND/OR DATE LEFT LAST PORT:** **(AFLOAT SPECIFIC, HOWEVER RELEVANT TO DATE DEPLOYED)**
- **(C) GENERAL STATUS:** *(Include as applicable: underway, moored, anchored, submerged, dry-docked, training, refit, support activity, etc and provide exercise or operation name.)*

FIGURE 5-2 (PART A)

- **(D) SPECIFIC UNIT EVOLUTION:** *(Example: surfacing, force-on-force training, beach approach, vertical or underway replenishment, refueling, weapons exercise and type, surface supplied diving, scuba ops, BECCES, drills, mooring, getting underway, on-cushion approach to beach, tows load, in-flight, taxiing, parked, in hanger, etc.)*
- **(E) PAYLOAD (LCAC OR LANDING CRAFT):**
- **(1) TYPE CARGO:** *(Example: Fuel, ammunition, dry goods, hazardous materials, etc.)* **(WHAT WERE THEY TRANSPORTING) (AFLOAT/TACTICAL SPECIFIC)**
- **(2) LOAD WEIGHT:** *(In tons)*

FIGURE 5-2 (PART A)

- **(F) SMALL CRAFT TYPE:** *(Example: RHIB, gig, sail boat, etc.)* **(SMALL BOATS SPECIFIC, INCLUDES RECREATIONAL VEHICLES)**
- **(1) SIZE OF BOAT (FT):**
- **(2) HORSEPOWER:**
- **(3) BOAT MANUFACTURER, MAKE AND MODEL:**
- **(4) LOAD CAPACITY (LBS):**

FIGURE 5-2 (PART A)

- **20. UNIT CHAIN OF COMMAND AS ASSIGNED DURING MISHAP:**
- **(A) WAS THE UNIT DEPLOYED:** (YES/NO)
- **(B) USN UNIT ECHELON 2 OR MAJOR CLAIMANT:** (UNIT THAT HAD THE MISHAP'S ECHELON 2 COMMAND - OPERATIONAL CHAIN OF COMMAND EX. CNIC, NAVSEA, COMNAVAIRLANT, CNATRA)
- **(C) USN UNIT ECHELON 3 OR TYCOM:**
- **(D) USMC:**
- **(1) COMPONENT COMMAND:** (MARFOR, MCCDC, MCRC)
- **(2) MAJOR COMMAND:** (MEF, TECOM, MCI, MCRD)
- **(3) PARENT COMMAND:** (DIV, WING, TBS, MCRD, MCB)
- **(4) UNIT COMMAND:** (REGT, MLG, MAG, SOI, BN, MCCS)
- **(5) COMPANY OR DEPARTMENT:** (CO, BN, VMFA, MALS, SHOP)

FIGURE 5-2 (PART A)

- **21. MISHAP ENVIRONMENT:** *(Complete all that apply)*
- **(A) SEA STATE AND DIRECTION:** *(Use Beaufort scale.) (AFLOAT SPECIFIC – RELEVANT TO DROWNING OR RECREATIONAL WATER ACTIVITIES)*
- **(B) WIND DIRECTION AND SPEED:** *(In knots)*
- **(C) AIR TEMPERATURE:** *(Fahrenheit) (HEAT/COLD CASUALTY CASES/PT – TYPE N/A IF NOT RELEVANT TO THE MISHAP)*
- **(D) WATER TEMPERATURE:** *(Fahrenheit) (ANY WATER RELATED ACTIVITIES ON/OFF DUTY – TYPE N/A IF NOT RELEVANT TO THE MISHAP)*

FIGURE 5-2 (PART A)

- **(E) VISIBILITY:** *(Unrestricted/restricted in distance, feet, yards, miles (INCLUDE DISTANCE RELEVANT TO THE TYPE OF VISIBILITY OF RESTRICTION WHERE SIGHT IS RELEVANT TO THE MISHAP. FOR EXAMPLE IF DRIVING A MOTOR VEHICLE AND ITS FOGGY, HOW FAR IN DISTANCE COULD THE DRIVER SEE? NOT JUST RESTRICTED TO MOTOR VEHICLE MISHAPS, HOWEVER. IN CASES WHERE NVGS HAD TO BE USED AND A RESTRICTION ON DISTANCE IS COMPROMISED BECAUSE OF THE USE OF NVGS. HOW FAR COULD THEY SEE? INCLUDE IF RELEVANT TO THE MISHAP OTHERWISE N/A)*
- **(F) VISIBILITY REDUCED BY:** *(Fog, smoke, sandstorm, rain, snow, sleet, etc.) (IF RELEVANT TO THE MISHAP OTHERWISE N/A)*
- **(G) LIGHTNING:** *(Yes/No) (ANSWER YES OR NO, NOT N/A)*

FIGURE 5-2 (PART A)

- **(H) CUMULATIVE PRECIPITATION:** (24 hours prior) *(INCHES OF SNOW, RAIN, ETC.)*
- **(I) LIGHTING CONDITIONS/AVAILABILITY AT SITE OF MISHAP:** (Adequate or inadequate) *(ANSWER ADEQUATE OR INADEQUATE NOT N/A, IF NIGHT TIME OR DARK AND THAT AFFECTED THE PERFORMANCE OF THE INDIVIDUAL INVOLVED IN THE MISHAP THEN WRITE INADEQUATE AND INCLUDE WHAT WAS INADEQUATE ABOUT THE LIGHTING)*
- **(J) NOISE LEVEL A FACTOR:** YES/NO/NA *(TYPE YES OR NO NOT N/A)*

FIGURE 5-2 (PART A)

- **(K) SOURCE OF FIRE/COMBUSTION:** (WHAT STARTED THE FIRE. INCLUDE N/A IF NOT RELEVANT TO THE MISHAP)
- **(L) WET BULB GLOBE TEMPERATURE (WBGT) READING IN DEGREES FAHRENHEIT:** (*for heat stress injuries only*)
- **(M) WAS A CARBON MONOXIDE A FACTOR:** YES/NO (*pertains to USN/MC housing*). (WESS ASKS THIS FOR ALL NAVY MISHAPS SO YOU MUST ANSWER YES OR NO NOT N/A)
- **(1) CO ALARM MANUFACTURER:** (INCLUDE IF APPLICABLE, OTHERWISE N/A)
- **(2) CO ALARM MAKE AND MODEL:** (INCLUDE IF APPLICABLE, OTHERWISE N/A)
- **(3) CO ALARM LAST TESTED ON (DATE):** (INCLUDE IF APPLICABLE, OTHERWISE N/A)
- **(4) LAST CO ALARM INSPECTION ON MAINTENANCE SCHEDULE:** (INCLUDE IF APPLICABLE, OTHERWISE N/A)

FIGURE 5-2 (PART A)

- **22. SAFETY SPECIALIST INFORMATION:** *(USMC ONLY)*
(SAFETY SPECIALIST INFORMATION ON MISHAP UNIT'S SAFETY REPRESENTATIVE)
- **(A) LIST COURSE AND DATE SAFETY OFFICER/MANAGER ATTENDED SAFETY TRAINING:**
(Example (MMDDYYYY): Marine Corps ground safety course - 04012003, aviation safety officer course - 05102002, etc.)
- **(B) RANK/RATE/GS RATING OF SAFETY OFFICER/MANAGER:**
- **(C) DATE OF LAST INSPECTION:**
(MMDDYYYY)
- **(D) TYPE OF LAST INSPECTION:** *(Example: IG, UPPER ECHELON INSURV, ISIC, ESI, etc.)* *(TYPE OF LAST SAFETY INSPECTION)*

FIGURE 5-2 (PART A) – INVOLVED PERSON

- **PERSONNEL INVOLVED INFORMATION:**
(Repeat this section and number EACH person if there were multiple people involved. Select all that apply and renumber paragraphs, as applicable)
- **1. NAME:** *(Last name, first name, middle initial)*
- **2. SOCIAL SECURITY NUMBER:** *(ONLY IF INJURED)(LAST FOUR IS SUFFICIENT)*

FIGURE 5-2 (PART A) – INVOLVED PERSON

- **3. DATE OF BIRTH:**
- **4. SEX:**
- **5. HEIGHT:** (INCLUDE INFORMATION WHEN TRAINING RELATED MISHAP)
- **6. WEIGHT:** (INCLUDE INFORMATION WHEN TRAINING RELATED MISHAP)
- **7. MARITAL STATUS:** (M/S/D) *MILITARY ONLY*
- **(A) NUMBER OF DEPENDENTS, IF MILITARY IN MV MISHAP:**
- **8. BADGE NUMBER:** (*civilians only*) (*SHIPYARD SPECIFIC – WRITE N/A IF NON SHIPYARD EMPLOYEE*)

FIGURE 5-2 (PART A) – INVOLVED PERSON

- **9. WORK SHIFT:** *(civilians only)*
- **10. SERVICE** *(Example: USN, USMC, US Army, USAF, USCG, DLA, DMA, other Gov't Agency).*
- **11. SERVICE STATUS:** *(Example: Active, Reserve-Active, Reserve-ready, foreign civilian, foreign mil, U.S. appropriated civilian, non-appropriated civilian, and non-DoD personnel)*
- **12. DUTY STATUS:** *(On or off-duty)*
- **13. PAY GRADE:** *(Example: O-4, E-3, GS-12, WG-06, etc.)*
- **14. RATING:** *(If applicable, example: ASM, BM, MM, GM, YN, etc.) (NAVY ONLY)*

FIGURE 5-2 (PART A) – INVOLVED PERSON

- **15. DESIGNATOR/NOBC/PRIMARY NEC (AND NEC AS RELATES TO EVENT)/MOS/CIVILIAN JOB SERIES:** *(Example: 1120, HM-8404, 9956, GS-0018, etc.)*
- **16. FIRST LINE SUPERVISOR'S RANK/RATE/GRADE, NAME AND BADGE NUMBER:** (SUPERVISOR OF INDIVIDUAL INVOLVED)
- **17. SECOND LINE SUPERVISOR'S RANK/RATE/GRADE, NAME AND BADGE NUMBER:** (SUPERVISOR OF OPERATION)
- **18. PARENT UIC/MCC/RUC:** (COMMAND OR ACTIVITY INVOLVED, ECHELON 3 (NAVY)/PARENT COMMAND (USMC))

FIGURE 5-2 (PART A) – INVOLVED PERSON

- **19. PROTECTIVE EQUIPMENT:** *(Choose all that apply)*
- **(A) INDICATE TYPE PE THAT WAS APPLICABLE TO THE MISHAP:** *(Example: boots, coveralls, machine guards, eyewash stations, deceleration device, eye protection, gloves, hard hat, helmet, jacket, lanyard, lifeline, long trousers, reflective vest, respirator, safety harness, safety belts, etc.)*
- **(1) WAS THAT PE USED:** *(Yes/No for each item)*
- **(2) APPROVING AUTHORITY:** *(ANSI, DOT, Etc.)*
- **(3) WAS THAT PE WORN PROPERLY:** *(Yes/No, for each item, if NO provide explanation, for example: shoulder harness under arm or behind back, goggles on forehead, etc.)*
- **(4) DID THAT PE FUNCTION PROPERLY:** *(Yes/No for each item, if NO provide explanation)*

FIGURE 5-2 (PART A) – INVOLVED PERSON

- **20. ALCOHOL USE/BAC:** *(Yes/No), Provide BAC if Yes and known).*
- **21. DRUG USE:** *(Yes/No), if yes, give brand name and type, including performance enhancing drugs).*
- **22. CIVILIAN JOB TITLE:**
- **23. JOB, SKILL OR ACTIVITY INDIVIDUAL ENGAGED IN AT TIME OF MISHAP:** *(Example: billet MOS, boat crew, classroom training, fire watch, hang gliding, horseplay, line handling, maintenance, nozzle man, ordnance handler, parachuting, passenger, patient care, rigger, snow skiing, swimming, welding, WHE operator, etc.)*

FIGURE 5-2 (PART A) – INVOLVED PERSON

- **24. QUALIFICATIONS FOR JOB ACTIVITY:** *(Choose all that apply)*
- **(A) NUMBER OF YEARS, MONTHS, OR DAYS EXPERIENCE AT THE SPECIFIC ACTIVITY/SKILL/JOB ENGAGED IN AT TIME OF MISHAP:** *(Example: 03/11/21)*
- **(B) QUALIFICATIONS, DESIGNATIONS, LICENSES AND/OR CERTIFICATIONS LEVELS HELD FOR THE SPECIFIC ACTIVITY/SKILL/JOB ENGAGED IN AT TIME OF MISHAP:** *(Example: DoD-personnel: driver's license (operator, commercial, motorcycle), explosive, forklift, pest control, etc)* **(IF LICENSE, CERTIFICATION, OR SOME TYPE OF SPECIAL TRAINING IS REQUIRED FOR THE OPERATION)**
- **(C) LIST RESTRICTIONS TO LICENSE OR REASON FOR REVOKING CERTIFICATION:** **(IF LICENSE REQUIRED, ANSWER NONE IF NO RESTRICTIONS STATE WHAT RESTRICTIONS. IF NOT REQUIRED FOR OPERATION WRITE N/A.)**

FIGURE 5-2 (PART A) – INVOLVED PERSON

- **(D) EXPIRATION DATE:** *(If applicable MMDDYYYY)*
- **(E) LIST SAFETY COURSES ATTENDED AND DATES COMPLETED AS RELATED TO THE MISHAP:** *(Example (MMDDYYYY): motorcycle safety course (MRC-RSSs)- 04012003, driver improvement (AAA-DIP)- 05052002, EVOC - 06032001, hazmat - 09102002, afloat safety petty officer - 07202002, swimming - 041502003, firefighting - 08112002, damage control - 01072003, heavy equipment/crane operator - 11012003, boating, etc.)*
- **25. MISHAP LOCATION:**
- **(A) SHORE/GROUND LOCATION:** *(give specific location and bldg/shop/room number, as applicable)*
- **(B) SHIP/SUB/CRAFT LOCATION:** *(give compartment name and number) (AFLOAT MISHAPS)*

FIGURE 5-2 (PART A) – INVOLVED PERSON

- **26. CHAIN OF COMMAND AS ASSIGNED DURING MISHAP:**
- **(A) WAS THE UNIT DEPLOYED:** (YES/NO)
- **(B) USN UNIT ECHELON 2 OR MAJOR CLAIMANT:**
 (INVOLVED PERSON'S ECHELON 2 (NAVY), OTHERWISE N/A)
- **(C) USN UNIT ECHELON 3 OR TYCOM:** (INVOLVED
 PERSON'S ECHELON 3 (NAVY), OTHERWISE N/A)
- **(D) USMC:**
- **(1) COMPONENT COMMAND:** (INVOLVED PERSON'S
 MARFOR (USMC), OTHERWISE N/A)
- **(2) MAJOR COMMAND:** (INVOLVED PERSON'S MEF,
 MCI (USMC), OTHERWISE N/A)
- **(3) PARENT COMMAND:** (INVOLVED PERSON'S
 MARDIV, WING, BASE (USMC), OTHERWISE N/A)
- **(4) UNIT COMMAND:** (INVOLVED PERSON'S BN,
 GROUP (USMC), OTHERWISE N/A)
- **(5) COMPANY OR DEPARTMENT:** (INVOLVED
 PERSON'S CO (USMC), OTHERWISE N/A)

FIGURE 5-2 (PART A) – INVOLVED PERSON

- **27. WHAT WAS THE RELATIONSHIP OF THIS INVOLVED PERSON WITH THE MISHAP EVENT?** (INJURED, OPERATOR)
- **28. MISHAP CAUSE CODE(S) APPLICABLE TO THE INVOLVED PERSONS:** (See Glossary G-7, choose all that apply) (INCLUDE CAUSE CODE AND TITLE – WESS ONLY ASKS FOR TITLE)
- **29. CAUSE CODE NARRATIVE:**
- **30. IF OPERATING A MOTOR VEHICLE:** *(only add this section if MV mishap)*
 - **(A) WHAT POSITION DID THIS PERSON OCCUPY:** *(Example: operator, passenger, pedestrians, bicyclists, jogger, etc.) (Identify actual position in motor vehicle.)*
 - **(B) EJECTED:** *(Yes/No)*
 - **(C) COMMUTING TO OR FROM WORK:** *(Yes/No)*
 - **(D) MILITARY GEOGRAPHICAL BACHELOR:** *(Yes/No)*
 - **(E) TYPE OF OPERATOR ERROR OR ACTION THAT CONTRIBUTED TO THE MISHAP:** *(Example: fell asleep, distractive behavior, failed to yield, improper turn, failed to see vehicle/pedestrian/ bicycle, etc.)*

FIFigure 5-2 (PART A) – INVOLVED PERSONNEL

- **(F) MOTOR VEHICLE OPERATOR PROFILE:**
- **(1) HOURS CONTINUOUS AWAKE PRIOR TO THE MISHAP:** *(Time in hours/minutes)*
- **(2) HOURS CONTINUOUS DUTY PRIOR TO THE MISHAP:** *(Time in hours/ minutes)*
- **(3) HOURS BETWEEN LAST MEAL AND MISHAP:** *(Time in hours/ minutes)*
- **(4) HOURS SLEPT IN LAST 24 HOURS:** *(Time in hours/ minutes)*
- **(5) HOURS SLEPT IN LAST 48 HOURS:** *(Time in hours/ minutes)*
- **(6) HOURS SLEPT IN LAST 72 HOURS:** *(Time in hours/ minutes)*
- **(7) HOURS WORKED IN LAST 24 HOURS:** *(Time in hours/ minutes)*
- **(8) HOURS WORKED IN LAST 48 HOURS:** *(Time in hours/ minutes)*
- **(9) HOURS WORKED IN LAST 72 HOURS:** *(Time in hours/ minutes)*
- **(10) DURATION OF LAST SLEEP PERIOD:** *(Time in hours/ minutes)*

FIGURE 5-2 (PART A) – INVOLVED PERSONNEL

- **(11) TYPE OF LAST SLEEP:**
(Broken or continuous)
- **(12) DISTANCE IN MILES DRIVEN:**
- **(13) DURATION OF TIME DRIVING
IN HOURS:**
- **(G) IF MULTIPLE PEOPLE AND
VEHICLES, INDICATE IN WHICH
VEHICLE WAS THIS PERSON
INVOLVED:**

FIGURE 5-2 (PART A) – INJURED PERSONNEL

- **INJURY/ OCCUPATIONAL ILLNESS INFORMATION:** (*Complete all that apply*)
- **1. CAUSE AND DATE OF DEATH, IF FATALITY:**
- **2. INJURY FORM SOURCE CODE:** (*CIV ONLY*) (NOT JUST MILITARY, HOW WERE THEY NOTIFIED OF THE MISHAP (PCR, CA-1))
- **3. OSHA INJURY/ILLNESS CODE** (*SEE GLOSSARY G-5*)
- **4. PART OF BODY AFFECTED CODE** (*SEE GLOSSARY G-6*)
- **5. NATURE OF INJURY OR OCCUPATIONAL ILLNESS CODE** (*SEE GLOSSARY G-6*)
- **6. SOURCE OF INJURY OR OCCUPATIONAL ILLNESS CODE** (*SEE GLOSSARY G-6*)
- **7. EVENT OR EXPOSURE CAUSING INJURY/OCCUPATIONAL ILLNESS** (*SEE GLOSSARY G-6*)
- **8. SHARPS ITEM TYPE AND BRAND, IF INVOLVED IN MISHAP:**

FIGURE 5-2 (PART A) – INJURED PERSONNEL

- **9. TYPE CHEMICAL/TOXIC MATERIAL, IF INVOLVED IN MISHAP:**
- **(A) CHEMICAL NAME:** *(Example: acids, solvents, fiber glass, resins, asbestos, beryllium, cadmium, paints, halon, missile fuels, carbon dioxide, hydraulic fluid, marine organism, etc.)*
- **(B) MSDS NUMBER:** *(If available)*
- **10. INITIAL MEDICAL TREATMENT PROVIDED ON-SITE:** *(Yes/No), if yes, give location (clinic, sick-bay, hospital, etc.)*
- **11. WAS OFF-SITE MEDICAL TREATMENT AUTHORIZED:** *(Yes/No)*
- **12. IF PERMANENT LOSS TO COMMAND PROVIDE TRANSFER UIC/MCC/RUC:**

FIGURE 5-2 (PART A) – INJURED PERSONNEL

- **13. LIGHT OR LIMITED DUTY, OR JOB RESTRICTION OR TRANSFER START DATE AND TIME (MMDDYYYY/LOCAL TIME):** (Example: 03102003/1625) (*RESTRICTED DUTY OR PARTIAL DAYS ARE TO BE RECORDED HERE*)
- **14. LIGHT OR LIMITED DUTY, OR JOB RESTRICTION OR TRANSFER END DATE AND TIME (MMDDYYYY/LOCAL TIME):** (Example: 03102003/1625) (*DATE THE RESTRICTED DUTY ENDED*)
- **15. DAYS AWAY FROM WORK START DATE AND TIME (MMDDYYYY/LOCAL TIME):** (Example: 03102003/1625) (*FULL SHIFT BEYOND THE DAY OF INJURY – INCLUDES HOSPITAL DAYS/CONVALESCENT LEAVE/SIQ – STARTS THE DAY AFTER THE INJURY*)

FIGURE 5-2 (PART A) – INJURED PERSONNEL

- **16. DAYS AWAY FROM WORK END DATE AND TIME (MMDDYYYY/LOCAL TIME):** *(Example: 03102003/1625)*
(DAY THE LOST WORK TIME ENDED)
- **17. HOSPITALIZATION START DATE AND TIME (MMDDYYYY/LOCAL TIME):** *(Example: 03102003/1625)*
(INPATIENT HOSPITALIZATION – NOT JUST AN EMERGENCY ROOM VISIT OR STAY FOR OBSERVATION, BUT ACTUAL HOSPITAL STAY. INCLUDE THE DAY THE PERSON CHECKED IN THE HOSPITAL – COULD BE THE SAME DAY AS THE MISHAP)
- **18. HOSPITALIZATION END DATE AND TIME (MMDDYYYY/LOCAL):** *(Example: 03102003/1625)* *(THE DAY THE PATIENT CHECKED OUT OF THE HOSPITAL – INCLUDE THESE DAYS IN THE DAYS AWAY FROM WORK COUNTS)*

FIGURE 5-2 (PART A) – INJURED PERSONNEL

- **. INJURY/OCCUPATIONAL ILLNESS OCCURRED WHILE DIVING:**
- **1. SYMPTOM ONSET TIME (MMDDYYYY/LOCAL TIME/DEPTH):** *(Example: 03102003/1525/0025. If onset occurs on the surface state "0" (zero) in depth column.)*
- **2. INITIAL AND FINAL DIAGNOSIS:** *(Example: arterial gas embolism, DCS I or II. In addition, list who made the initial diagnosis. A typical entry would read: AGE by MDV.)*
- **3. DIAGNOSIS MADE BY:** *(MEDICAL OFFICER, CORPSMAN, ETC.)*
- **4. RECOMPRESSION STARTED (MMDDYYYY/LOCAL TIME):** *(Example: 03102003/1545).*

FIGURE 5-2 (PART A) – INJURED PERSONNEL

- **5. REACHED MAX TREATMENT DEPTH (MMDDYYYY/LOCAL TIME/DEPTH):** *(Example: 03102003/1548/0060)*
- **6. TIME OF COMPLETE RELIEF (MMDDYYYY/LOCAL TIME):** *(Example: 03102003/1557)*
- **7. NUMBER OF EXTENSIONS USED/DEPTH:** *(Example: 0, 1/60, 2/30, etc.)*
- **8. COMPLETION OF TREATMENT (MMDDYYYY/TIME/PPO2):**
- **9. RECURRENCE NUMBER:** *(Example, 0 indicates no recurrence and 1 indicates first recurrence.)*
- **10. TREATMENT TABLE USED:**
- **11. OXYGEN PARTIAL PRESSURE USED IN TREATMENT IN TENTHS OF ATMOSPHERES:** *(Numerically in two digits)*
- **12. TREATMENT OUTCOME:** *(For recurrence provide the DTG of original mishap.)*
- **13. TREATMENT OUTCOME NARRATIVE:**

FIGURE 5-2 (PART A) – INJURED PERSONNEL

- _____. **HEAT OR COLD STRESS INJURY:**
- **1. FINAL DIAGNOSIS:** (*heat stroke, frostbite, heat exhaustion, chilblain, dehydration, etc.*)
- **2. BODY CORE TEMPERATURE IN DEGREES FAHRENHEIT:**
- **3. NEUROLOGICAL SIGNS:** (*loss of consciousness, dizziness, altered mental status, etc.*)
- **4. USE OF STIMULANT-CONTAINING DIETARY SUPPLEMENTS:** YES/NO

FIGURE 5-2 (PART A) – INVOLVED PROPERTY

- **PROPERTY DAMAGE** (Select all that apply and renumber paragraphs, as applicable) *(DOESN'T HAVE TO BE \$50,000 IN DAMAGE, ANY EQUIPMENT INVOLVED)*
- **1. PROPERTY DAMAGE IN U.S. DOLLARS:** (Provide the total dollar value for the event. The cost includes \$18 for each hour of organizational or intermediate-level labor or \$60 for each hour of depot-level labor plus the cost of material and equipment. Cost associated with an explosive mishap or ordnance deficiency applies to property or equipment damaged as a result from an explosion or incident.)
- **(A) US. GOVT. OWNED:**
- **(B) NON-U.S. GOVT. OWNED:**
- **2. NUMBER OF MISSION DAYS LOST:**

FIGURE 5-2 (PART A) - INVOLVED PROPERTY

- **3. ITEM # (IF MULTIPLES) - PROPERTY/EQUIPMENT DAMAGED OR DESTROYED BY THE MISHAP:**
- **(A) U.S. GOVT. OWNED:** *(Including gov't leases and rentals - This includes flying club aircraft and MWR campers, etc.):*
- **(1) NAME:**
- **(2) DESCRIPTION:**
- **(3) MAKE:**
- **(4) MODEL AND SERIES:**
- **(5) YEAR:**
- **(6) TAMS NUMBER (USMC ONLY):**
- **(7) SERIAL NUMBER:**
- **(8) EIC/NSN:**

FIGURE 5-2 (PART A) – INVOLVED PROPERTY

- **(9) UIC/RUC/MCC OF UNIT OWNING EQUIP:** (INCLUDE COMMAND/UNIT NAME THAT OWNS THE EQUIPMENT UIC (NAVY – N63393) MCCRUC (USMC - M14V00027))
- **(10) UIC/RUC/MCC OF UNIT OPERATING EQUIPMENT:** (INCLUDE THE COMMAND/UNIT NAME THAT WAS OPERATING THE EQUIPMENT UIC (NAVY – N63393) MCCRUC (USMC – M1FA30021))
- **(11) PROPERTY/EQUIPMENT OWNER:** (NAME OF COMMAND/UNIT THAT OWNS THE EQUIPMENT)
- **(12) PROPERTY/EQUIPMENT USER IF DIFFERENT THAN OWNER:** *(If different than above)*
- *(If applicable, repeat format used above for each additional item)* (NAME OF COMMAND/UNIT THAT WAS OPERATING THE EQUIPMENT, IF SAME, WRITE N/A)

FIGURE 5-2 (PART A) – INVOLVED PROPERTY

- **(13) MISHAP LOCATION:**
- **(1) SHORE/GROUND LOCATION:** *(give specific location and bldg/shop/room number, as applicable)* **(LOCATION OF EQUIPMENT)**
- **(2) SHIP/SUB/CRAFT LOCATION:** *(give compartment name and number)* **(AFLOAT SPECIFIC)**
- **(14) CHAIN OF COMMAND AS ASSIGNED DURING MISHAP:**
- **(A) WAS THE UNIT DEPLOYED:** **(YES/NO)**

FIGURE 5-2 (PART A) – INVOLVED PROPERTY

- **(B) USN UNIT ECHELON 2 OR MAJOR CLAIMANT:** (ECHELON 2 OF UNIT THAT WAS USING THE EQUIPMENT – NAVY ONLY, OTHERWISE N/A)
- **(C) USN UNIT ECHELON 3 OR TYCOM:** (ECHELON 3 OF UNIT THAT WAS USING THE EQUIPMENT – NAVY ONLY, OTHERWISE N/A)
- **(D) USMC COMPONENT COMMAND:** (MARFOR OF UNIT THAT WAS USING THE EQUIPMENT – USMC ONLY, OTHERWISE N/A)
- **(E) USMC MAJOR COMMAND:** (MEF OF UNIT THAT WAS USING THE EQUIPMENT – USMC ONLY, OTHERWISE N/A)
- **(F) USMC PARENT COMMAND:** (DIV OF UNIT THAT WAS USING THE EQUIPMENT – USMC ONLY, OTHERWISE N/A)
- **(G) USMC UNIT COMMAND:**
(MARFOR OF UNIT THAT WAS USING THE EQUIPMENT – USMC ONLY, OTHERWISE N/A)
- **(H) USMC COMPANY OR DEPARTMENT:** (UNIT CO/DEPT THAT WAS USING THE EQUIPMENT – USMC ONLY, OTHERWISE N/A)

FIGURE 5-2 (PART A) – INVOLVED PROPERTY

- **(B) NON-U.S. GOVT. OWNED:** *(Including leases and rentals)*
- **(1) NAME:**
- **(2) DESCRIPTION:**
- **(3) MAKE:**
- **(4) MODEL AND SERIES:**
- **(5) YEAR:**
- **(6) SERIAL NUMBER:**
- **(7) PROPERTY/EQUIPMENT OWNER:**
- **(8) PROPERTY/EQUIPMENT USER IF DIFFERENT THAN OWNER:** *(If different than above)*
- *(If applicable, repeat format used above for each additional item)*

FIGURE 5-2 (PART A) – INVOLVED PROPERTY

- **(9) MISHAP LOCATION:**
- **(1) SHORE/GROUND LOCATION:** *(give specific location and bldg/shop/room number, as applicable)*
- **(2) SHIP/SUB/CRAFT LOCATION:** *(give compartment name and number)*
- **(10) CHAIN OF COMMAND AS ASSIGNED DURING MISHAP:**
 - **(A) WAS THE UNIT DEPLOYED:** *(YES/NO)*
 - **(B) USN UNIT ECHELON 2 OR MAJOR CLAIMANT:**
 - **(C) USN UNIT ECHELON 3 OR TYCOM:**
 - **(D) USMC COMPONENT COMMAND:**
 - **(E) USMC MAJOR COMMAND:**
 - **(F) USMC PARENT COMMAND:**
 - **(G) USMC UNIT COMMAND:**
 - **(H) USMC COMPANY OR DEPARTMENT**

FIGURE 5-2 (PART A) – INVOLVED PROPERTY

- **4. MISHAP CAUSE CODE(S)
APPLICABLE TO THE MATERIAL
DAMAGE:** (See Glossary G-7, choose
all that apply) (INCLUDE TITLE WITH
CAUSE CODES)
- **5. CAUSE CODE NARRATIVE:**

FIGURE 5-2 (PART A) – MOTOR VEHICLE

- **MOTOR VEHICLE INFORMATION:** (Select all that apply and renumber paragraphs, as applicable)
- **1. MISHAP LOCATION: (USMC REQUIRES LOCATION ON ALL MISHAP, NAVY ONLY MV)**
 - **(A) COUNTY:**
 - **(B) TOWNSHIP:**
 - **(C) CITY:**
 - **(D) STATE:**
 - **(E) COUNTRY:**
 - **(F) ROAD/STREET/INTERSTATE/ROUTE DESIGNATION:**

FIGURE 5-2 (PART A) – MOTOR VEHICLE

- **2. ENVIRONMENTAL CONDITIONS:**
- **(A) DESCRIBE FIELD/ROAD SURFACE TYPE:** *(Example: blacktop, gravel, concrete, dirt, etc.)*
- **(B) DESCRIBE FIELD/ROAD SURFACE CONDITION:** *(Example: dry, wet, snow, oily, covered with debris and type, etc.)*
- **(C) LIST ANY SURFACE DEFECTS:** *(Example: ruts, construction, repair, sink holes, stumps, etc.)*
- **(D) DESCRIBE CONTOUR/DESIGN:** *(Example: straight-level, straight-hill, curved, incline-curved, etc.)*
- **(E) DESCRIBE ON ROADWAY LOCATION:** *(Example: on or off ramp, cul-de-sac, emergency lane, over or underpass, crosswalk, rail crossing, tunnel, bridge, etc.)*
- **(F) DESCRIBE OFF ROADWAY LOCATION:** *(Example: shoulder, median, parking lot, alley, driveway, sidewalk, trail, pier, etc. or urban/suburban/rural.)*
- **(G) MISHAP'S LOCATION IN RELATION TO ROADWAY:** *(Give GPS or GIS, if known)*

FIGURE 5-2 (PART A) – MOTOR VEHICLE

- **3. TRAFFIC CONTROLS:**
- **(A) LIST TRAFFIC CONTROL DEVICE TYPES PRESENT:** *(if a mishap factor)*
- **(B) TRAFFIC CONTROL DEVICES FUNCTIONING PROPERLY, IMPROPERLY, OR NOT FUNCTIONING AT ALL:**
- **(C) TRAFFIC DEVICES CLEARLY VISIBLE:** *(Yes/No)*
- **(D) POSTED SPEED LIMIT AT THE SITE OF THE MISHAP:** *(MPH or KMPH)*
- **4. MOTOR/TACTICAL VEHICLE DATA:** *(indicate if information is unknown or unavailable)*
- **(A) VEHICLE A:**
- **(1) YEAR:**
- **(2) MAKE:**
- **(3) MODEL:**
- **(4) MODEL SERIES:**
- **(5) STATE WHETHER VEHICLE IS GOVERNMENT OWNED, LEASED BY THE GOV'T, OR PRIVATELY OWNED/LEASED:** *(If government owned, was vehicle leased (GSA, etc.) or rented.)*
- **(6) VEHICLE BODY TYPE:** *(Example: sedan 2-dr, motorcycle, moped, (includes all motorized scooter); truck - describe type; sport utility vehicle; van (mini, 15-passenger, etc.); tactical (9MK48/14, MK19, M813, M998, M1042, LAVM, ETC.).*

FIGURE 5-2 (PART A) – MOTOR VEHICLE

- **(7) INDICATE IF A VEHICLE OR TRAILER WAS BEING TOWED:**
- **(8) INDICATE THE STATUS OF OPERATION OF VEHICLE:** (Example: moving, speeding, stopped, legally or illegally parked, going wrong way, following too close, lost control, ran off road, reckless driving, etc.)
- **(9) INDICATE TYPE OF OPERATOR ERROR INVOLVED, IF APPLICABLE:**
- **(10) STATE DIRECTION OF VEHICLE TRAVEL AT TIME OF MISHAP:** (Example: north, south, east, west, etc.)
- **(11) STATE ANY MECHANICAL FAILURE THAT MAY HAVE CONTRIBUTED TO THE MISHAP:** (Example: failed brakes, tire blowout/bald, stalled engine, no headlights, no taillights, loss steering, etc.)
- **(12) IDENTIFY FIRST IMPACT POINT:** (Example: left driver door, right rear bumper, right motorcycle handle bar, etc.)

FIGURE 5-2 (PART A) – MOTOR VEHICLE

- **(13) LIST SAFETY EQUIPMENT INSTALLED IN OR ON THIS VEHICLE:** *(Example: safety belts, airbags (location of airbags, operator, passenger, side, anti-lock brakes, reflective tape on vehicle/helmet/bicycle (describe how tape was displayed), etc.)*
- **(14) LIST SAFETY EQUIPMENT THAT FAILED:** *(Example: air bags, safety belts, etc. Explain why.)*
- **(15) DID MOTORCYCLE HAVE A FAIRING OR WINDSHIELD ATTACHED:** *(Yes/No)*
- **(16) WAS MOTORCYCLE REGISTERED (MILITARY DECAL) ON A MILITARY INSTALLATION:** *(Yes/No)*

FIGURE 5-2 (PART A) – MOTOR VEHICLE

- **(B) FOR ADDITIONAL VEHICLES:**
(Repeat items above as applicable for each vehicle or state no additional vehicles were involved.)
- **5. MISHAP CAUSE CODE(S)
APPLICABLE TO THE MOTOR
VEHICLE MISHAP:** (See Glossary G-7, choose all that apply)
- **6. CAUSE CODE NARRATIVE:**

FIGURE 5-2 (PART A) - ORDNANCE

- **WEAPONS/ORDNANCE INFORMATION**
(Select all that apply and renumber paragraphs, as applicable)
- **1. INDICATE WHAT SYSTEM INVOLVED IN THE MISHAP:** *(Example: bombs, air launch, missiles, small arms, rockets, surface launcher/firing device, guns greater than 5 inches, guns smaller than 5 inches)*
- **2. MISHAP TYPE:** *(Example: detonation, malfunction, observed defect, induced defect, abnormal occurrence, negligent/unintentional discharge, other.)*

FIGURE 5-2 (PART A) - ORDNANCE

- **AMMUNITION MISHAP** (*number paragraphs accordingly*)
- **(A) AMMUNITION TYPE** (*batch production, bulk production, NALC item*).
- **(B) WEAPONS SYSTEM/AMMUNITION INVOLVED:**
- **(1) NOMENCLATURE:** (*MK, MOD, Model, etc.*)
- **(2) EIC:**
- **(3) WUC:**
- **(4) NALC:** (DODIC USMC)
- **(5) SERIAL NUMBER:**
- **(6) LOT NUMBER:**
- **(7) STATE NUMBER OF ITEMS REMAINING IN SAME LOT:**
- **(8) TOTAL ROUNDS FIRED FROM LOT:**
- **(9) NUMBER OF ROUNDS THAT MALFUNCTIONED FROM LO**

FIGURE 5-2 (PART A) - ORDNANCE

- **LAUNCH OR FIRING DEVICES:** (number paragraphs accordingly) Repeat for all devices involved.)
- **(A) EIC:**
- **(B) WUC:**
- **(C) LOCATION:** (*Example: mount, launcher, site ord area.*)
- **(D) SERIAL NUMBER:**
- IF EXPLOSIVE BULK OR BATCH MATERIAL MISHAP, COMPLETE FOLLOWING AS PARAGRAPH 3.
- ____. EXPLOSIVE BULK OR BATCH MATERIAL INVOLVED: (number paragraphs accordingly)(Normally applies to quantities of material not specifically identifiable by weapon system.)
- **(A) EXPLOSIVE NAME:**
- **(B) NET EXPLOSIVE WEIGHT:**
- IF PRODUCTION BASE ONLY MISHAP, COMPLETE FOLLOWING AS PARAGRAPH 3.
- ____. **PRODUCTION BASE ONLY:** (number paragraphs accordingly)
- **(A) EFFECTS:** (**EFFECTS OF THE EXPOSURE**)
- **(B) EXPOSURE TO SIGNIFICANT CONDITIONS:** (*Example, electrostatic, temperature, relative humidity, etc.*)

FIGURE 5-2 (PART A) - ORDNANCE

- **4. DISPOSITION OF MATERIAL:** *(Indicate the holding activity and time to be held by that activity or if transferred to another activity, e.g., holding for disposition instructions, turned into ammo supply point (ASP), etc.). If transferred to another activity, provide documentation number.)*
- **5. MISHAP CAUSE CODE(S)
APPLICABLE TO THE WEAPONS,
EXPLOSIVES, OR ORDNANCE MISHAP:**
(See Glossary G-7, choose all that apply)
- **6. CAUSE CODE NARRATIVE:**

FIGURE 5-2 (PART A) - ORDNANCE

- **RECREATIONAL MATERIALS:** (number paragraphs accordingly)
- **(A) TYPE OF FIREWORKS:**
- **(B) TYPE WEAPON:**
- **(1) CALIBER:**
- **(2) GAUGE:**
- **(3) MANUFACTURER:**
- **(4) MAKE AND MODEL:**
- Complete the following section only if the weapons, ordnance, or explosives mishap involved an aircraft.
-
- **__ . AIRCRAFT INFORMATION:** *(number paragraphs accordingly)*
- **(A) AIRCRAFT TYPE:**
- **(B) BUREAU NUMBER:**
- **(C) OPERATIONAL UNIT DESIGNATOR, SQUADRON OR COMMAND NAME PROVIDING AIRLIFT:**
- **(D) LOCATION OF AIRCRAFT AT THE TIME OF INCIDENT:** *(Example: in-flight, flight-line flight-deck, etc.)*
- **(E) AIRCRAFT SPEED:** *(KIAS)*
- **(F) AIRCRAFT ALTITUDE:** *(Feet AGL)*
- **(G) DELIVERY DATA:**
- **(H) THINGS FALLING OFF AIRCRAFT (TFOA):** *(Yes/No)*
- **(I) ORDNANCE CONFIGURATION:**

FIGURE 5-2 (PART B)

- *A. PRIVILEGED EVIDENCE*
- *1. (P) Statement of Petty Officer of the Watch*
(ONLY IF PROMISE OF CONFIDENTIALITY IS GIVEN)
- *2. (P) Statement Of SGT of the Guard*
- *B. NON-PRIVILEGED EVIDENCE*
- *1. Deck Log (CONFIDENTIAL)*
- *2. Police Report*
- *C. EVIDENCE AVAILABLE TO ALL*
- *1. SSORM*
- *2. OPNAVINST*
- *3. MCO*

FIGURE 5-2 (PART B)

- **5. CONCLUSIONS:** *(The SIB may conclude, in its best judgment, the most likely reasons for the mishap.) (ENDORSERS CONCUR OR NON-CONCUR THE SIB'S CONCLUSIONS/CAUSAL FACTORS)*
- **6. OTHER CAUSES CONSIDERED BUT REJECTED:** *(State each possible cause of damage and injury rejected by the SIB with a short rationale. Example: pre-existing conditions for unsafe acts, adverse physiologic state: fatigue was not deemed to be a cause as all watch standers indicated during the interview that they had adequate rest.) (ENDORSERS CONCUR OR NON-CONCUR THE SIB'S CAUSES CONSIDERED)*

FIGURE 5-2 (PART B)

- **7. RECOMMENDATIONS:** *(SIREPs require some corrective action to be taken throughout the chain of command. Each accepted casual factor identified must have at least one recommendation. Express each recommendation in a complete, self-explanatory statement. They must stand-alone. Recommendations are often separated from their parent report. As a minimum, each recommendation shall state who should do what. Sometimes, how, where and when are also appropriate. Designation of an appropriate action agency should be included in the report.) (ENDORSERS CONCUR OR NON-CONCUR THE SIB'S RECOMMENDATIONS TO A COMMAND/UNIT)*